

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 100 Indiana Avenue, N.W.			Amount 2833.01		
City Washington State DC Zip Code 20001		Transaction ID : D557767			
Purpose of Expenditure InKind Staff		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: KY <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 385944.01			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 100 Indiana Avenue, N.W.			Amount 471.47		
City Washington State DC Zip Code 20001		Transaction ID : D557769			
Purpose of Expenditure InKind Staff		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: CO <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 338589.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3304.48		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Elizabeth H Shuler</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 29 / 2014		

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>	
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7673.96</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D557774 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>	
Purpose of Expenditure InKind Staff		Category/ Type 001	Name of Federal Candidate MARK BEGICH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">572635.50</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>	
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2833.01</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D557775 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>	
Purpose of Expenditure InKind Staff		Category/ Type 001	Name of Federal Candidate MITCH MCCONNELL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">385944.01</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10506.97</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination	
Mailing Address 100 Indiana Avenue, N.W.			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 28 / 2014 </div>	
City Washington State DC Zip Code 20001			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">471.47</div>	
Purpose of Expenditure InKind Staff		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Transaction ID : D557776 Date of Disbursement or Obligation
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">338589.51</div>	
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee I.A.F.F FIRE PAC Non-Federal Account			Date of Public Distribution/Dissemination	
Mailing Address 1750 New York Ave., N. W.			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 28 / 2014 </div>	
City Washington State DC Zip Code 20006			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">63.49</div>	
Purpose of Expenditure InKind Staff		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Transaction ID : D557784 Date of Disbursement or Obligation
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">338589.51</div>	
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">534.96</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee I.A.F.F FIRE PAC Non-Federal Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1750 New York Ave., N. W.		Amount 63.49	
City Washington	State DC	Zip Code 20006	Transaction ID : D557785
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Grassroots Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2828 University Avenue SE, #150		Amount 5151.85	
City Minneapolis	State MN	Zip Code 55414	Transaction ID : D557787
Purpose of Expenditure Canvassers	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5215.34
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee UNITE HERE Local 24		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 300 River Place Drive Suite 2700		Amount 103.36	
City Detroit	State MI	Zip Code 48207	Transaction ID : D557803
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Allied Union Services		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 240 N Fenway Dr		Amount 6068.06	
City Fenton	State MI	Zip Code 48430-2699	Transaction ID : D557806
Purpose of Expenditure Fliers	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6171.42
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee New Partners Consulting, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1250 Eye Street, NW #200		Amount 1000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : D557823
Purpose of Expenditure Online Advertising	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		385944.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee New Partners Consulting, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1250 Eye Street, NW #200		Amount 250.00	
City Washington	State DC	Zip Code 20005	Transaction ID : D557825
Purpose of Expenditure Online Advertising	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate DAN SULLIVAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		572635.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee UNITE HERE TIP STATE & LOCAL FUND			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 275 7TH AVENUE, 11TH FLOOR			Amount 280.00		
City New York	State NY	Zip Code 10001	Transaction ID : D557826		
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought 572635.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Voices of the Amer. Federation of Gov't Employees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 80 F Street, NW			Amount 1.06		
City Washington	State DC	Zip Code 20001	Transaction ID : D557829		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate ANDREW ROMANOFF		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought 1361.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	281.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">343.34</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D557835 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">224880.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">108.73</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D557837 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">385944.01</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">452.07</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">252.67</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D557839 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Inkind Staff Travel		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">385944.01</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">53.17</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D557840 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Inkind Staff Travel		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">338589.51</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">305.84</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 80 F Street, NW		Amount 252.67	
City Washington	State DC	Zip Code 20001	Transaction ID : D557844
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 385944.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 80 F Street, NW		Amount 152.20	
City Washington	State DC	Zip Code 20001	Transaction ID : D557847
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK E UDALL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	404.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 80 F Street, NW		Amount 352.48	
City Washington	State DC	Zip Code 20001	Transaction ID : D557851
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 80 F Street, NW		Amount 108.73	
City Washington	State DC	Zip Code 20001	Transaction ID : D557852
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MITCH MCCONNELL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 385944.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	461.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 80 F Street, NW		Amount 8.12	
City Washington	State DC	Zip Code 20001	Transaction ID : D557854
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 80 F Street, NW		Amount 7.03	
City Washington	State DC	Zip Code 20001	Transaction ID : D557860
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 80 F Street, NW		Amount 152.20	
City Washington	State DC	Zip Code 20001	Transaction ID : D557865
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFSCME Special Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1625 L Street, NW		Amount 210.96	
City Washington	State DC	Zip Code 20036	Transaction ID : D557873
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	363.16
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME Special Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1625 L Street, NW		Amount 900.67	
City Washington	State DC	Zip Code 20036	Transaction ID : D557874
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFSCME Special Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1625 L Street, NW		Amount 116.94	
City Washington	State DC	Zip Code 20036	Transaction ID : D557876
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1017.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 86.49	
City Washington	State DC	Zip Code 20006	Transaction ID : D557883
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 230.14	
City Washington	State DC	Zip Code 20006	Transaction ID : D557886
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	316.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 13.34	
City Washington	State DC	Zip Code 20006	Transaction ID : D557887
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 385944.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 5.56	
City Washington	State DC	Zip Code 20006	Transaction ID : D557891
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 385944.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 5.97	
City Washington	State DC	Zip Code 20006	Transaction ID : D557898
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 1556.34	
City Washington	State DC	Zip Code 20001	Transaction ID : D557901
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1562.31
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 82.34	
City Washington	State DC	Zip Code 20001	Transaction ID : D557904
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 36.02	
City Washington	State DC	Zip Code 20001	Transaction ID : D557907
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	118.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 64.05	
City Washington	State DC	Zip Code 20001	Transaction ID : D557910
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 2189.31	
City Washington	State DC	Zip Code 20001	Transaction ID : D557921
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2253.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 501 3RD STREET, NW		Amount 45.00	
City Washington	State DC	Zip Code 20001	Transaction ID : D557924
Purpose of Expenditure InKind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 385944.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 501 3RD STREET, NW		Amount 225.25	
City Washington	State DC	Zip Code 20001	Transaction ID : D557925
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	270.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 501 3RD STREET, NW			Amount 45.00	
City Washington	State DC	Zip Code 20001	Transaction ID : D557926	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		385944.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1775 K Street, NW			Amount 72.10	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D557930	
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		338589.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	117.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1775 K Street, NW		Amount 586.70	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D557932
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1775 K Street, NW		Amount 72.10	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D557935
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	658.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Workers' Voice (OPEIU)		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 80 Eighth Ave Suite 610		Amount 1025.65	
City New York	State NY	Zip Code 10011	Transaction ID : D557936
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1125 17TH ST, NW		Amount 2876.19	
City Washington	State DC	Zip Code 20036	Transaction ID : D557940
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought 572635.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3901.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFT Michigan General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2342 Industrial St.		Amount 233.44	
City Grayling	State MI	Zip Code 49738	Transaction ID : D557941
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Colorado AFL-CIO L2K		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 140 Sheridan Blvd		Amount 94.46	
City Denver	State CO	Zip Code 80226	Transaction ID : D557945
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	327.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Colorado AFL-CIO L2K		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 140 Sheridan Blvd		Amount 94.46	
City Denver	State CO	Zip Code 80226	Transaction ID : D557946
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rocky Mountain Voter Outreach, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 899 Logan Street, Suite 300		Amount 339.20	
City Denver	State CO	Zip Code 80203	Transaction ID : D557955
Purpose of Expenditure Canvassers	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	433.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rocky Mountain Voter Outreach, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 899 Logan Street, Suite 300		Amount 100.00	
City Denver	State CO	Zip Code 80203	Transaction ID : D557958
Purpose of Expenditure Canvassers	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rocky Mountain Voter Outreach, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 899 Logan Street, Suite 300		Amount 339.20	
City Denver	State CO	Zip Code 80203	Transaction ID : D557960
Purpose of Expenditure Canvassers	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 338589.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	439.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee AFSCME Florida Special Account			Date of Public Distribution/Dissemination		
Mailing Address 1625 L Street, NW			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Washington	State DC	Zip Code 20036	Amount		
			<div style="border: 1px solid black; padding: 2px; text-align: right;">2.37</div>		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Transaction ID : D557966 Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate GWEN GRAHAM			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">1819.48</div>					

Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination		
Mailing Address 1625 L Street, NW			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Washington	State DC	Zip Code 20036	Amount		
			<div style="border: 1px solid black; padding: 2px; text-align: right;">3022.76</div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Transaction ID : D557973 Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate GARY PETERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">224880.82</div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3025.13</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1625 L Street, NW		Amount 201.42	
City Washington	State DC	Zip Code 20036	Transaction ID : D557979
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1625 L Street, NW		Amount 238.20	
City Washington	State DC	Zip Code 20036	Transaction ID : D557984
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	439.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michigan Nurses Association General Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2310 Jolly Oak Road		Amount 106.28	
City Okemos	State MI	Zip Code 48864	Transaction ID : D557998
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Laborers Political League Great Lakes Region		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 8770 West Bryn Mawr Ave., Ste. 121		Amount 546.92	
City Chicago	State IL	Zip Code 60631	Transaction ID : D558002
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MI	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	653.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kent-Ionia Central Labor Council General Treasury		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 918 Benjamin NE		Amount 95.00	
City Grand Rapids	State MI	Zip Code 49503	Transaction ID : D558004
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 224880.82		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	44915.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM	DD	YYYY
10	29	2014

Signature